

APPLICATION FOR SPONSORSHIP OF CONTINUING EDUCATION PROGRAM

South Dakota State Board of Pharmacy
4305 South Louise Ave., Suite 104 - Sioux Falls, SD 57106
Phone: 605-362-2737 Fax: 605-362-2738

Name of sponsor: _____

Address of sponsor: _____

Name of person responsible for program: _____

(This is where the approval forms will be sent)

Address of person responsible for program: _____

Telephone Number: _____ Fax Number: _____

CE PROGRAM INFORMATION

a. Location: _____

b. Date: _____ Time: _____

c. Title: _____

d. Speaker and affiliation: _____

e. Will certificates of attendance be mailed? _____ Passed out? _____

f. Will file be retained for four years of participants program completion? _____

g. Will sponsor provide to the South Dakota Board of Pharmacy a written list of the pharmacists attending within 45 days after completion of the program? _____

h. Number of continuing education contact hours requested: _____

i. Number of pharmacists expected: _____

The South Dakota Board of Pharmacy defines continuing education as follows:

20:51:19:01. Continuing professional education defined. *As used in this chapter, continuing professional education is accredited, post-registration professional education experience derived from participation in post graduate studies, institutes, seminars, lectures, conferences, workshops, and such other forms of educational experiences designed to maintain the professional competency of the practice of pharmacy, improve professional skills, and preserve pharmaceutical standards for the purpose of the protection of the health and welfare of the citizens of South Dakota.*

Does this continuing education program meet those standards? _____ Yes _____ No

Is this sponsor or program approved by the American Council of Pharmaceutical Education (ACPE)? _____ Yes _____ No

What are the objectives of the continuing education program? _____

How do you plan to notify the pharmacists in your general area about this program? _____

NOTE: *Supplementary materials should be submitted with this form so that the South Dakota Board of Pharmacy can adequately determine number of hours of continuing education credit to be approved.*

